## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10/089543

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                      |                                  |             |                                   |                      |                          |              | SMALL ENTITY TYPE                            |  |            | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|----------------------|----------------------------------|-------------|-----------------------------------|----------------------|--------------------------|--------------|--|--|------------|-------------------------------|------------------------|--|
| T  | OTAL CLAIMS          | <b>;</b>                         |             | 1.11                              |                      |                          | 1            | RATE   | TFEE   | <b>7</b> 1 | RATE                          | FEE                    |  |
| FOR  |                      |                                  | NUMBER      | NUMBER FILED                      |                      | NUMBER EXTRA             |              | BASIC FEE                                    | <del> </del>                                     | OR         | BASIC FEE                     |                        |  |
| TOTAL CHARGEABLE CLAIMS  |                      |                                  | 3 mir       | <i>3</i> minus 20=                |                      | *                        |              | X\$ 9=                                       | <del>                                     </del> | OR         | 1                             | 815                    |  |
| INI  | DEPENDENT C          | LAIMS                            | <u> </u>    | 3 minus 3 =                       |                      | *                        |              | X42=   | <del> </del>                                     | 1          | You                           |                        |  |
| MULTIPLE DEPENDENT CLAIM PI  |                      |                                  |             |                                   |                      |                          |              | <u>.                                    </u> | <del> </del>                                     | OR         | <b>├──</b> ─                  |                        |  |
| - 1  | f the difference     | o in column 1 is                 | loss than 7 | oro ente                          | - "O" in (           | column 2                 | <sup>l</sup> | +140=  |  | OR         | L                             |                        |  |
| ••   |                      | i                                | • •         | less than zero, enter "0" in colu |                      |                          |              | TOTAL  |  | OR         | TOTAL                         | 890                    |  |
|  |                      | CAIMS AS A<br>(Column 1)         | 'WENDED     | O - PAR'<br>Colun)                |                      | (Column 3)               |              | SMALL  | ENTITY   | OR         | OTHER<br>SMALL E              |                        |  |
| • • • • • • • • • • • • • • • • • • •  |                      | CLAIMS                           |             | HIGH                              | <b>IEST</b>          | 7931877111197            |              |  | ADDI-  | 1          |                               | ADDI-                  |  |
|  |                      | REMAINING<br>AFTER<br>AMENDMENT  |             | NUMI<br>PREVIO<br>PAID I          | OUSLY                | PRESENT<br>EXTRA         |              | RATE   | TIONAL<br>FEE                                    |            | RATE                          | TIONAL<br>FEE          |  |
| nivici i Dincia  | Total                | *                                | Minus       | **                                |                      | =                        |              | X\$ 9=                                       |  | OR         | X\$18=                        |                        |  |
| NAC  | Independent          | *                                | Minus       | ***                               |                      | =                        |              | X42=   |  | OR         | X84=                          |                        |  |
|  | FIRST PHESE          | ENTATION OF MU                   | JLTIPLE DEF | PENDENT                           | CLAIM                |                          | 1            | +140=  |  | OR         | +280=                         |                        |  |
|  |                      |                                  |             |                                   |                      |                          |              | TOTAL  |  |            | TOTAL                         | <del></del>            |  |
|  |                      | (Column 1) (Column 2)            |             |                                   |                      |                          | A            | ADDIT. FEE                                   | <u></u> J  | U ,        | ADDIT. FEE                    |                        |  |
| AMENUMENI B  |                      | CLAIMS REMAINING AFTER AMENDMENT |             | HIGHI<br>NUME<br>PREVIO<br>PAID I | IEST<br>BER<br>OUSLY | (Column 3) PRESENT EXTRA |              | RATE   | ADDI-<br>TIONAL<br>FEE                           |            | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total                | *                                | Minus       | **                                |                      | =                        |              | X\$ 9=                                       |  | OR         | X\$18=                        |                        |  |
| AME  | Independent          |                                  | Minus       | ***                               |                      | =                        |              | X42=   |  | OR         | X84=                          |                        |  |
|  | FIRST PRESE          | NTATION OF MU                    | LTIPLE DEP  | ENDENT                            | CLAIM                |                          | <b>!</b>     | 140_   |  |            | -200_                         |                        |  |
|  |                      |                                  |             |                                   |                      |                          | L            | +140=<br>TOTAL                               |  | OR         | +280=<br>TOTAL                |                        |  |
|  | ~                    | <b>~</b>                         |             |                                   |                      |                          |              | ADDIT. FEE                                   |  | OR ,       | ADDIT. FEEL                   | ,                      |  |
| <del></del> -  |                      | (Column 1)<br>CLAIMS             |             | (Colum                            |                      | (Column 3)               | <b>1</b>     |  |  |            |                               |                        |  |
| AMENDMENT C  |                      | REMAINING<br>AFTER<br>AMENDMENT  |             | NUME<br>PREVIO<br>PAID F          | BER<br>DUSLY         | PRESENT<br>EXTRA         |              | RATE   | ADDI-<br>TIONAL<br>FEE                           |            | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total                |                                  | Minus       | **                                |                      | =                        |              | X\$ 9=                                       |  | OR         | X\$18=                        |                        |  |
| AME  | Independent          | <u> </u>                         | Minus       | ***                               | -: -: 4              | =                        |              | X42=   |  | OR         | X84=                          |                        |  |
| لـــ   | FIRST PRESE          | NTATION OF MU                    | /LTIPLE DEP | ENDENT                            | CLAIM                |                          | -            |  |  |            |                               |                        |  |
|  | If the entry in colu |                                  | +140=       |                                   | or                   | +280=                    |              |  |  |            |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                                  |             |                                   |                      |                          |              |  |  |            |                               |                        |  |